

Taster Day Contacts Form

1 Details of Child

Please complete in capitals

Surname: _____ Date of Birth: _____
 Forename(s): _____ Nationality: _____
 Preferred Name: _____ Gender: (M / F)

Taster Day:	Nursery	<input type="checkbox"/>	Year 1	<input type="checkbox"/>	Year 4	<input type="checkbox"/>
	Pre-School	<input type="checkbox"/>	Year 2	<input type="checkbox"/>	Year 5	<input type="checkbox"/>
	Reception	<input type="checkbox"/>	Year 3	<input type="checkbox"/>	Year 6	<input type="checkbox"/>

Please tick ✓

2 Parents' Contact Details

Legal guardians – please complete as appropriate

Father/Carer Title: _____ Full Name: _____
 Address: _____
 Post Code: _____
 Email: _____
 Tel: Home: _____
 Mobile: _____
 Work: _____

Mother/Carer Title: _____ Full Name: _____
 Address: _____
 Post Code: _____
 Email: _____
 Tel: Home: _____
 Mobile: _____
 Work: _____

3 Other Emergency Contact Details

Legal guardians – please complete as appropriate

Contact 1 Title: _____ Full Name: _____
 Tel: Home: _____
 Mobile: _____
 Work: _____

Contact 2 Title: _____ Full Name: _____
 Tel: Home: _____
 Mobile: _____
 Work: _____

4 Parent(s)/Carers(s) Signature

Signed: _____ Dated: _____
 Parent/Carer